



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

July 13, 2007

Ramona Farnsworth, Administrator  
Birchwood Retirement Estate, CEC, Inc  
PO Box 324  
Filer, ID 83328

License #: RC-602

Dear Ms. Farnsworth:

On May 17, 2007, a complaint investigation survey was conducted at Birchwood Retirement Estate, Cec, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Maureen McCann, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

MAUREEN MCCANN, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

MM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

May 29, 2007

Ramona Farnsworth, Administrator  
Birchwood Retirement Estate, CEC, Inc  
PO Box 324  
Filer, ID 83328

Dear Ms. Farnsworth:

On May 17, 2007, a complaint investigation survey was conducted at Birchwood Retirement Estate, CEC, Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by June 16, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be "JS" followed by a flourish.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/slc

Enclosure



# IDAHO DEPARTMENT OF HEALTH & WELFARE

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May 30 2007

Ramona Farnsworth, Administrator  
Birchwood Retirement Estate, CEC, Inc  
PO Box 324  
Filer, ID 83328

Dear Ms. Farnsworth:

On May 17, 2007, a complaint investigation survey was conducted at Birchwood Retirement Estate, CEC, Inc. The survey was conducted by Maureen McCann, RN, Karen McDannel, RN, and Jamie Simpson, MBA, QMRP. This report outlines the findings of our investigation.

## **Complaint # ID00002490**

**Allegation #1:** A diabetic resident needs 3 insulin shots a day, is blind, has crippled hand and cannot give her own shots. Caregivers told complainant that they gave the shots.

**Findings:** Refer to non-core punch list.

**Conclusion:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.06a for the facility licensed professional nurse not conducting an initial assessment of the resident self-administering an insulin injection. Refer to non-core punch list. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** An identified resident had a stroke resulting in a disabled hand. Resident cannot open the hand, therefore staff were supposed to clean the hand and place a cloth in it, but they do not.

**Findings:** On May 17, 2007 between 2:00 p.m. and 6:00 p.m., during an unannounced survey, the identified resident was observed with a cloth roll in his hand. During an interview with the resident, he stated he has the cloth roll in his hand at all times except when staff remove it to clean his hand.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #3: Staff are supposed to toilet a resident that needs assist but they just leave him in bed and let him soil himself.

Findings: On May 17, 2007 between 2:00 p.m. and 6:00 p.m., observation of staff toileting the resident were made. During the four hour period the resident was assisted twice by staff to toilet. During an interview with the resident, the resident confirmed staff is helpful and makes sure he gets assistance with toileting.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #4: Two residents that required assistance with eating due to physical disabilities, were not given assistance by staff at meals.

Findings: On May 17, 2007 between 2:00 p.m. and 6:00 p.m., interviews with caregivers, the facility administrator and 3 residents as well as observation of the evening meal, revealed the facility was providing assistance to residents with eating as needed. During the dinner meal, one of the identified residents was observed eating independently without difficulties. The second identified resident was observed eating dinner independently, occasionally staff intervened assisting the resident cutting food.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #5: A diabetic resident was not receiving his evening snack.

Findings: On May 17, 2007 between 2:00 p.m. and 6:00 p.m., interview with the resident, caregiver and facility owner revealed the resident was knowledgeable about his diabetic diet, was capable of requesting snacks from the caregivers and had snack food in his room.

Conclusion: Substantiated. The facility did not routinely offer the resident an evening snack, however, the facility was not cited as the resident was capable of obtaining the snacks himself.

Based on the findings of the complaint investigation, the facility was found to be out of compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. A Statement of Deficiencies has been issued to your facility. Please develop a Plan of Correction as outlined in the cover letter to the Statement of Deficiencies and/or Non-core issues were identified and included on the Punch List.

Ramona Farnsworth, Administrator

May 29, 2007

Page 3 of 3

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in cursive script, reading "Maureen McCann, RN". The signature is written in dark ink and is positioned above the printed name.

MAUREEN MCCANN, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

MM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <b>Birchwood Retirement</b>	Physical Address <b>(641 Rimview Drive</b>	Phone Number <b>(208) 734-4445</b>
Administrator <b>Ramona Farnsworth</b>	City <b>Twin Falls</b>	ZIP Code <b>83301</b>
Survey Team Leader <b>Maureen McCann</b>	Survey Type <b>Complaint Survey</b>	Survey Date <b>5-17-07</b>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
①	305.06a	The facility's RN did not conduct an initial assessment for Resident #3 to self inject insulin. <sup>this</sup> resulted in Unlicensed staff preparing "dialing" insulin pen for sliding scale insulin and administering insulin to the Resident.	7/12/07 MHC	
②	310.01f	The Unlicensed staff gave medication to a random resident without observing resident swallowing medication.	6/22/07 MHC	
③	151.02c	The facility did not provide physical activities such as games, sports and exercise which develop & maintain strength, coordination, and range of motion.	6/22/07 MHC	

Response Required Date <b>6-17-07</b>	Signature of Facility Representative <b>Ramona Farnsworth, Adm.</b>	Date Signed <b>5-17-07</b>
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